

"During the last four months I have performed before your eyes 68 operations of dividing tendons and muscles, in not one of which has any troublesome symptom supervened, and all of which (with upwards of 400 other cases of analogous operations performed by me during the last four years) tend to confirm the truth of my theory of *subcutaneous wounds*, and establish the superior advantages which I have attributed to this method of operating over the usual one."—*Med. Chirurg. Rev.* July, 1840, from *Gaz. Méd. de Paris*.

53. *Treatment of Diseases of the Testicle by Compression*.—LANGSTON PARKER, Esq., extols this practice as possessing great advantages over the ordinary methods. "In common swelled testicle compression may be employed," he says, "as soon as the patient is able to bear the application of the plasters; and this is generally much sooner than might be supposed, however acute the disease may be. The great advantages possessed by compression are, almost immediate relief to pain; which is occasioned, in great measure, by the dragging and weight of the inflamed organ, and is mitigated, and most commonly completely removed by its support: the patient can pursue, in most instances, his ordinary duties, and there is no occasion to confine him to bed; a circumstance of great importance where concealment is wished, as it always is, in diseases of this kind. In addition the cure is much more quickly, and much more perfectly effected by compression than under the ordinary method, the swelling of the gland more rapidly subsiding, and less commonly leaving behind it any chronic irritation and enlargement, which is liable at some future time, in bad constitutions, from injury, or from a renewal of the disease, to degenerate into some of the malignant forms of disease of the testis.

"Chronic inflammation and enlargement of the testis also very commonly occurs as one of the symptoms of constitutional syphilis, as well as from other causes. Here, also, compression, as a local remedy, is by far the most valuable of any with which I am acquainted, particularly in those cases where enlargement of the organ, from chronic inflammation, has taken place to a considerable extent, where the weight chiefly incommodes the patient, and little or no tenderness is experienced when the part is handled.

"I am not prepared to say how far compression may be of service in the incipient stages of certain forms of malignant disease of the testis, but believe much advantage may be derived from its employment, since, in addition to the benefit to be looked for from mere compression of the part, much good may be expected from the constant topical application of mercury, iodine, and other remedies, only to be well accomplished in this way.

"Compression of the testis is to be practised by surrounding the organ by straps of plaster, applied as closely and as tight as the patient can bear. The plasters I generally use are those of ammoniacum, with mercury, or iodine and belladonna. These are to be smoothly spread upon thick wash leather, and cut into thin straps; an assistant then grasps the testicle, and draws it as far downwards as he can in the scrotum, which should previously be washed with a little spirits of wine. The first strap should be placed at the upper part, circularly round the testis, and succeeded by others, placed in the same direction, till the whole is covered. A second series of straps is then to be placed in an opposite direction to the former, crossing them at right angles, from behind forwards. One or two long ones may then be placed over these, where they appear to be most needed, to keep the whole in place. The parts should be supported by a well-fitting suspensory bandage, although the plasters at once relieve any inconvenience or pain that may have been occasioned by the dragging or weight of the testicle."—*Lancet*, July 25, 1840.

54. *On the Etiology and Treatment of Congenital Luxations and Pseudo-Luxations of the Femur*. By Dr. J. GUERIN.—I have established it as a fact, in my History of Deformities of the Osseous System, that the greater number of congenital articular contractions are the product of primitive muscular retraction. . . . I conclude: 1. That congenital luxations of the hip-joint are, like

club-foot, torticollis, and spinal deviations, the product of primitive muscular retraction, and that the kind of luxation depends upon the direction in which the retraction happens. 2. There exists an order of deformities of the hip-joint not hitherto indicated, and to whom I apply the term of *pseudo-luxations*, because they look like luxations, although the head of the bone remains in the cotyloid cavity. These vary as do the complete luxations, and from the same causes. 3. The essential treatment consists in division of the retracted muscles. I have thrice performed this operation with success. The congenital luxations and pseudo-luxations of joints depend in the majority of cases on primitive muscular contraction, which takes place in three different modes: by shortening, by paralysis, and by stoppage of development of the retracted muscles; and the different varieties of these deformities are, like those of the neck, the spine, and the foot, the effect of this retraction differently distributed in the muscles of these parts. In a girl aged fourteen years, I divided the biceps, semi-tendinous, semi-membranous, and rectus internus, for two complete luxations of the knee, produced by primitive retraction of these muscles; on each side there was subluxation of the tibia backwards upon the condyles of the femur, rotation of the limb outwards through the space of about one-fourth of a circle, and an inclination outwards of the leg upon the thigh of about sixty degrees. The rotation outwards, the lateral inclination and the gliding backwards of the tibiæ, were reduced on the day following the operation to the simple normal flexion of the leg upon the thigh, and since that period there remained nothing more than a certain degree of permanent flexion of the joint. In order to convince those who feel any doubt respecting the safety with which these operations may be performed, I may add that, on the same day, I successfully divided in the young female above mentioned thirteen muscles or tendons beneath the skin, for the relief of certain deformities from which she suffered; on the following day, she felt no kind of pain nor indisposition, nor were there any symptoms of inflammation in any one of the divided parts.—*Brit. and For. Med. Rev.* Oct. 1840, from *Gaz. Méd. de Paris*, Jan. 25, 1840.

55. *Puncture of Brachial Artery—compression—cure.* By JOHN BARRETT.—A patient “was bled for some affection of the chest, and the brachial artery unfortunately wounded: the hæmorrhage was profuse. A compress was immediately applied to the wound, and the arm bandaged from the hand to the shoulder. The limb was kept in a state of rest for a fortnight; no bad symptoms occurred, and, at the end of this time, the bandage and compress were removed. Pulsation was found in the artery at the point of puncture, but there was no aneurism, and no further treatment was necessary.

“The patient died at the end of five weeks after the accident, from the chest affection, for which he had been bled, thus giving an opportunity not often met with of examining the state of the parts. There was a slight effusion of serum about the neighbourhood of the puncture; a cicatrix in the posterior wall of the vein; condensation of the cellular structure between the artery and the vein, giving it a thickened sensation to the fingers when squeezed between them; an orifice in the anterior wall of the artery about a line in diameter, filled with a plug of lymph apparently becoming organized, and which looked like a small coagulum: the edges of the orifice were everted, as if they had been driven out by the stream of blood rushing from the artery: both the artery and vein were as pervious as in the natural state.

“It would seem, from this case, that the process by which a punctured artery is healed is not always by the formation of a coagulum *external* to the artery, and the effusion of coagulating lymph between the edges of the wounds; for though, no doubt, extravasation did take place in this case into the cellular substance, causing the thickening perceptible between the artery and vein, still this only acted immediately by allowing the formation of a plug in the arterial wound. This plug had not the appearance of coagulating lymph effused between the edges of the wound, for they were everted, but was evidently a coagulum formed by the stream of blood which had caused the eversion.